Effective December 29, 1999 69,522 670														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE OR			OTHER THAN		
FOR NUMB				R FILED		NUMBER EXTRA		ſ	RATE	FEE)]	RATE	· FEE	
BA	SIC FEE		* 12		.	•				345.00	OR		690.00	
TOTAL CLAIMS			12	minus 2	<u> </u>	•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			석 minus 3,=			. 1			X39=		OR	X78=	78.10	
MULTIPLE DEPENDENT CLAIM PRESENT								ł	+130=		1 1	+260=	78.18	
* If the difference in column 1 is less than zero, enter *0" in column 2								į	TOTAL		OR OR	TOTAL	7,0	
CLAIMS AS AMENDED - PART II											JON	OTHER	768.00	
(Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAI REMAI AFTI AMEND	NING ER			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	.21		Minus ••		20	=		X\$ 9=		OR	X\$18=	18	
	Independent	• 4	L	Minus	••		-		X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=		
415/44								, A	TOTAL DOIT. FEE		OR	TOTAL ADDIT. FEE	18	
AMENDMENT B		(COLUT CLAI REMAI AFT AMEND	MS NING ER MENT		Г	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 20	2	Minus ++		2)			X\$ 9=		OR	X\$18 ⇒		
	Independent FIRST PRESE	NTATION	OF-MI	Minus JLTIPLE DEI	EN.	[.]	-/		X39=		OR	X78=		
· · · · · · · · · · · · · · · · · · ·									+130=		OR	+260=		
									TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE		
		(Colum				Column 2)	(Column 3)							
AMENDMENT C		CLAI REMAI AFTI AMEND	NING ER		ρ	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total			Minus	•		=	Γ	X\$ 9= ·		OR	X\$18=		
	Independent	·		Minus	**		0	l	X39=		OR	X78=		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE											OR	TOTAL ADDIT, FEE		
	The Highest Nurr							r tour	od in the app	oropriate box	t in col	umo 1.		

FORM PTO-675 (Rev. 12/99)

Application or Docket Number